

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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49							99						
50							100						
TOTAL IND.	/	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	/	↓		↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	/						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS

FORM PTO-1360 (REV 3-78)

U.S. DEPARTMENT OF COMMERCE  
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